



PLANNING & DEVELOPMENT

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Effective July 2020

ZONING CERTIFICATE APPLICATION

ZCBL20____ - _____ : Business License Application ZCPT20____ - _____ : (A)UP Transfer

ZCMS20____ - _____ : Miscellaneous

BUSINESS INFORMATION:

Business Address: _____ Suite/Unit #: _____

Business Name: _____ Phone #: _____

Previous Business name (if known): _____

APPLICANT INFORMATION:

Name (Print): _____ Phone#: _____ Mobile Business

Mailing Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

GENERAL INFORMATION:

Describe products/services to be provided: _____

_____ Size of lease area: _____ sq. ft.

Hours of Operation: Mon–Thu _____ Friday _____ Saturday _____ Sunday _____

PARKING AND SIGNS: Will you . . .

1. Provide off-street parking? No Yes If yes, how many spaces? _____

If yes, Location of parking: Same property Other location (address): _____

2. Install a new sign? No Yes **If yes, note that a sign permit is required.**

ACTIVITIES AND SERVICES: Will you . . .

1. Sell alcoholic beverages? No Yes (retail, wholesale) Yes (for on-site consumption)

If yes, list ABC license type (s): _____

2. Sell tobacco (incl. electronic) products? No Yes

3. Use medical cannabis in your business? No Yes

4. Provide live entertainment or music? No Yes (Not amplified) Yes (amplified)

If yes, describe: _____

5. Provide any personal or medical services that require State Certification(s) for your employees?

(examples: massage therapy; cosmetologist; beautician) No Yes

If yes, identify certification(s) _____ # of certified employees: _____

6. Serve food or drink? No Yes (no seating) Yes (with seating). Size of seating area (sq. feet): _____

7. Provide Temporary Outdoor Use in response to locally declared state of emergency related to COVID-19? No Yes

If yes, please fill out supplemental information on page 2 and provide Property Owner signature below.

Under penalties of perjury, I certify that the above information is true and complete to the best of my knowledge.

Applicant signature _____ Date _____

*Property owner signature _____ Date _____

(* Required for changes of use or reduction of hours, alcohol, entertainment, etc. **OR** Temporary Outdoor Use)

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TEMPORARY OUTDOOR¹ USES – Supplemental Questions

(If you wish to have temporary outdoor activity, you must complete this section)

- Hours of Operation: Mon–Thu _____ Friday _____ Saturday _____ Sunday _____
- Location Information - Will the temporary fixtures and structures, and/or activity be located wholly on private property at the address listed on the business license, the City Right of Way, or neighboring private property?

<input type="checkbox"/> Private Property (at the address listed on the business license – Requires owner signature)	<input type="checkbox"/> City Right of Way (requires a separate permit from PW)	<input type="checkbox"/> Other Private Property* (Must have permission from neighboring property owner)
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- Have you submitted a Site Plan showing the location of the temporary fixtures and structures, a business description, and an operational plan, as required for temporary outdoor uses under BMC Section 23E.18.040.E? No Yes

*Address of Other Off-Site Property _____

*Other Property owner name _____

*Other Property owner signature _____ Date _____

– STAFF USE ONLY –

- Complies with quota/node? No Not Applicable Yes (If Yes, update list)
- Uses (as listed in Zoning Ordinance (.030 section):
 Proposed (or current): _____ Previous (if known) _____
- Non-conforming use? No Yes (no expansion) Yes (with expansion)
- Allowed w/ most recently approved ZC, AUP, UP or Variance? No Yes Permit # _____
- For West Berkeley:** (M, MM, MU-R, MU-LI): Changing use of protected No Yes (Warehouse-based non-store retail)
 Yes: (Art/Craft Studio) Yes: (Contractor)
- For West Berkeley** (MU-LI, MM Only): Establishing R&D Use? Yes No :
- Attachments: Floor plan Site plan Statement Other _____

Staff Action:	<input type="checkbox"/> Approved (Continuing legal use)	\$0
	<input type="checkbox"/> Approved (New Use or Temporary Outdoor Use – Meets Zoning)	\$250
	<input type="checkbox"/> Denied (New Use – Requires AUP/UP)	\$0
	<input type="checkbox"/> Denied (Prohibited Use)	\$0
	<input type="checkbox"/> Denied (Insufficient Information)	\$0
	<input type="checkbox"/> Taken in for review	\$0

Action by: _____ Date: ____/____/____

Comments: _____

¹ Berkeley City Council adopted Berkeley Municipal Code (BMC) Chapter 23E.18 – Temporary Outdoor Uses on Private Property on July 7, 2020. Per the regulation, “Temporary Outdoor Uses would be required to operate in compliance with State and County regulations, such as alcohol and food safety requirements, in addition to conforming to the operating standards set forth in the new ordinance, which are based on existing regulations. Operating standards are intended to ensure basic safety measures are in place and that neighboring businesses and residents are not unduly impacted by outdoor uses. Non-compliance with operating standards could result in a modification or revocation of the approval.”